

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: GENERATING SCANNING SPOT
LOCATIONS FOR LASER EYE SURGERY

Attorney Docket Number:: 018158-013211US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 11

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kingman
Middle Name::
Family Name:: Yee
Name Suffix::
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1081 W. Olive Avenue, #4
City of Mailing Address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Erik
Middle Name::
Family Name:: Gross
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 4240 Albany Drive, #6-305
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 95129

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/805,737	03/13/01

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::